

MURSE ET AL
Defendants

IRWIN PLAINTIFF

NO CA-04-246-ERIE

'07 JAN 10 P3:51

MOTION FOR APPOINTMENT OF COUNSEL
FOR DISCOVERY AND TO CONTINUE ON TO
TRIAL

AND NOW this 29th day of December 2006
comes the petitioner acting pro se, AND petitions
this honorable court to appoint counsel unto him
petitioner AVERs the following:

- 1 Plaintiff is in need of counsel to help prepare the case before this court.
- 2 Plaintiff is a layman in the study of Law AND has a Disability, "ADD" That impairs his comprehending, AND CANNOT UNDERSTAND How or what to file in this current case to be able to continue on.
- 3 Plaintiff has Evidence, Declarations AND medical Records That if presented clearly would show that The WCCF, Denied him the medical attention That was Required From JULY 10th to OCTOBER 17th 2002, Physical Therapy.

WHEREFORE Plaintiff prays This Honorable court
TO appoint counsel unto him so that he may proceed in
this matter Dated December 29th 2006 Christopher Chin

MARS University of Pittsburgh Electronic Medical Records System MARS

Name IRWIN CHRISTOPHER D
 MRN 202549085 PUH
 Physician Ricard Townsend, M.D.
 Report Type Discharge Summary
 Date of Event 07/08/02
 Date of Birth 03/27/1973
 Patient Status ... I
 Last Adm Date 07/08/02
 Last Disch Date .. 07/08/02
 SP# 020724113828MEDQUIS3
 Authored by Umamahesh Duvvuri, M.D.
 Account # 0201851042188
 Hosp/Group PUH

WARNING! You must protect this document as confidential medical record information. Please handle, store, and dispose appropriately.

HISTORY OF PRESENT ILLNESS:

The patient is a 29-year-old male who was an unrestrained driver with a positive ethanol blood level who was involved in a fatality car wreck. He presented to the Emergency Department with C3-C4 tenderness and chest tightness. He also had upper thoracic tenderness in particular. The patient also had a positive test for cocaine, as well as a history of exploratory laparoscopy in the past for a prior gunshot wound.

His workup in the Emergency Department was essentially negative, which included a CT scan of his cervical spine C1 through C2 which was negative. CT scan of head, CT scan of his chest and CT scan of his abdomen were all negative. C-spine series was negative preliminarily. Abdominal x-ray was negative. Chest x-ray was also negative preliminarily. TOS films were also negative. The patient removed his own collar himself before the C-spine was completely cleared medically.

HOSPITAL COURSE:

The patient had a medical hospital course where his diet was advanced as tolerated. Psychiatry was consulted when the patient complained of having a "nerves" problem. They recommended that he be discharged with a taper of Zoloft leading up to 100 mg p.o. q. day after a course of 20 days taper going from 12.5 up to 100 mg; that was, 12.5 for four days, 25 for four days, 50 at four days, and then 100 mg per day p.o.

The patient also had films of his right and left shoulders to rule out any fractures, and those films were also read as negative.

The patient was seen by Physical Therapy who recommended rehabilitation in both the inpatient and outpatient settings. The patient was discharged with prescription for this.

The patient was discharged from the hospital in stable condition.

DISCHARGE DIAGNOSIS:

LEVEL TWO TRAUMA.

DISCHARGE DIET:

The patient has a diet that is regular.

DISCHARGE ACTIVITY:

The patient has no restrictions of walking, sitting, school, work, or sexual activity. The patient was advised not to engage in heavy lifting, driving, or strenuous activity until he had undergone physical therapy.

DISCHARGE INSTRUCTIONS:

The patient was discharged with instructions to return to clinic should he experience numbness, pain or tingling, or paralysis of his hands or extremities, or for shortness of breath, chest pain, fever, chills, nausea, vomiting, headaches, or other constitutional symptoms not relieved by over-the-counter medications.

Ricard Townsend, M.D.

Dictator: Umamahesh Duvvuri, M.D.

UD/790

D: 07/08/2002

T: 07/12/2002 11:38

Job #: 22305



PATIENT DISCHARGE INSTRUCTIONS

MEDICATION SCHEDULE

202 54 9085 PUN 60819 01

IRWIN, CHRISTOPHER D
DR. TOWNSEND, RICARD N GHS

020185104 2188 07/07/02

787 REGENT DRIVE

WASHINGTON PA 15301 RUN H

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| 724 | 225 | 9144 | 03/27/73 | 29Y |
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PRIVATE PAY

Signature:

Signature:

| Patient/ | Significant | Other |
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Date:

IRWIN, CHRISTOPHER

202-54-9085

HERE

[illegible]

| ALLERGY | REACTION | ALLERGY | REACTION |
|---------|----------|---------|----------|
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-0719-01-U FORM 1626-2940-0497 ITEM 05410

CHART/PATIENT COPY

Irwin, Christopher

IRWIN, CHRISTOPHER
202-54-9085

7/7/02

Reason for admission

Height _____ cm Weight _____ kg T _____ °C P _____ R _____ BP _____ (R) or (L)



3256-02-U FORM 4153-0000-0400



UPMC HEALTH SYSTEM

PATIENT ASSESSMENT



202 54 9085 FUH 60819 01
IRWIN, CHRISTOPHER D
DR. TOWNSEND, RICARD N GNS
020185104 2188 07/07/02
787 REGENT DRIVE
WASHINGTON PA 15301 RUN M
724 225 9144 03/27/73 29Y
PRIVATE PAY

ADMISSION ASSESSMENT COMPLETE

RN SIGNATURE: [Signature]
DATE/TIME: 7/10/02 10:51S
INFORMATION OBTAINED FROM: PT

IMPRINT PATI

IRWIN, CHRISTOPHER
202-54-9085

EDUCATIONAL NEEDS

Check any of the following that may serve as a barrier to learning:

- ☐ Visual impairment ☐ Hearing impairment ☐ Physical limitations ☐ Fear/Anxiety ☐ Learning disability ☐ Religious beliefs
☐ Cultural/Lifestyle beliefs ☐ Communication ☐ Language (specify) _____ Is an interpreter needed? ☐ Yes ☐ No

Name of interpreter: _____ Phone number of interpreter: _____

If barriers are present, describe methods used to overcome ①

What is the easiest way for you to learn? (Check all that apply)

- ☒ Printed material ☒ Verbal explanation ☒ Audio-tape ☒ Video ☒ Demonstration ☒ Individual Instruction
☐ Group instruction ☐ Other _____

While you are in the hospital, check the areas that you would like to learn about.

- ☐ Illness for which you are hospitalized ☐ Signs and symptoms of illness ☐ Tests/Procedures ☐ Medications
☐ Side effects of medications ☐ Special Diet ☐ Activity Restrictions ☐ Incisional/Wound care
☐ Other _____

Other persons requiring these instructions: Name: _____ Relationship: _____

What was your highest level of education? ☐ Grade School ☐ High School 11th grade ☐ College ☐ Other _____

Have you attended any pre-admission classes? ☐ Yes ☐ No

IF YES, Date: _____ Topic: _____

Describe your readiness for learning/education:

- ☒ Receptive/willing to learn ☐ Not able to concentrate ☐ Not interested at this time ☐ Overwhelmed/frightened

PAIN ASSESSMENT

Do you have pain now? ☒ Yes ☐ No

Have you experienced pain in the past week? ☐ Yes ☒ No

IF "Yes" is answered continue with the following:

Location: neck, @ shoulder

Quality (use patient's words to describe) Sharp

Intensity of pain: (select one -- 0 1 2 3 4 5 6 7 8 9 10)

at rest _____ with activity (describe) >10/10

Onset and duration of pain: Since the accident

Patterns associated with the pain (continuous or intermittent)? Constant

Aggravating factors: movement

Alleviating factors (include medications): MSO4, Toradol

Associated symptoms: anxiety, nausea, dizzy

Does the pain affect sleep, appetite, activity, concentration, emotions, relationships, other effects (describe)?

Present pain management regimen: MSO4, Toradol

Is this regimen effective? ☐ Yes ☒ No

Physical exam/observation of the pain site: Anxious, Moaning, Yelling Cont in C-spine

Patient's pain management goal: pt will have tolerable pain prior to d/c

140-04-02

CHART COPY - THIS MUST REMAIN IN CHART



UPMC HEALTH SYSTEM

PHYSICIAN'S ORDER SHEET

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF PRESBYTERIAN UNIVERSITY HOSPITAL OR MONTEFIORE UNIVERSITY HOSPITAL - UNLESS THE PRODUCT NAME IS CIRCLED.

202 54 9085 PUH 00819 01
IRWIN, CHRISTOPHER D
DR. TOWNSEND, RICARD W GNS
020185104 2188-07/07/02
787 REGENT DRIVE
WASHINGTON PA 15301 RUM H
724 225 9144 03/27/73 29Y
PRIVATE PAY

IRWIN, CHRISTOPHER

202-54-9085

IMPRINT PATIENT:

| DATE | TIME | ORDERS |
|---------|----------|---|
| 7/12/02 | 10:30 AM | <p>Adv diet to clear when pt cleared of C-spine, MSB 2mg q 2-4h prn pain M. Davis</p> <p>H. Barati 7/12/02 11:30 AM</p> <p>Dr. Gorbachinskiy 7-7-02 1145</p> |
| 7/12/02 | | <p>✓ DIC foley ✓ ADA7 → 2 mg ✓ PT/OJIC AP/Hep toxic 1V when JOL PO's. ✓ Percocet 5-Ti q 4-6h prn pain Vioxx 20 mg PO QD ✓ DIC MSay DIC CTLS. X consult → anxiety sp tran</p> <p>H. Barati 7/12/02 9:45 AM</p> |



0031-01-U FORM 1973-4040-0995 ITEM 05245

PLEASE MAKE SURE WHITE COPY & NUMBER SHOW THROUGH HOLE BEFORE WRITING OR JG ORDER

140-04-02

CHART COPY - THIS MUST REMAIN IN CHART



UPMC HEALTH SYSTEM

IRWIN, CHRISTOPHER
202-54-9085

PHYSICIAN'S ORDER SHEET

202 54 9085 PUH 00819 01
IRWIN, CHRISTOPHER D
09. TOWNSEND, RICARD N GHS
020185104 2188 07/07/02
782 REGENT DRIVE
INGTON PA 15301 RUN H
225 9144 03/27/73 29Y
PRIVATE PAY

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF PRESBYTERIAN UNIVERSITY HOSPITAL OR MONTEFIORE UNIVERSITY HOSPITAL - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION PLATE HERE

| DATE | TIME | ORDERS |
|--------|------|--|
| 7/8/02 | | D/c to home |
| | | Level 2 Trauma |
| | | Stable |
| | | Allergies: NKDA |
| | | Activity: as tolerated; & heavy lifting, & driving minimize some strenuous activity until follow up. |
| | | Diet: Regular |
| | | Meds: Vicox 25 mg po qd |
| | | Percocet 5mg it tabs. p.o. q 4-6 h prn pain |
| | | Mivan 1 mg p.e. t.i.d. |
| | | Zolft 12.5 mg Po QAM x4d |
| | | Zolft 25mg Po QAM x4d |
| | | Zolft 50 mg Po QAM x4d |
| | | Zolft 100 mg Po QAM |
| | | Special: Follow up in Clinic as needed |
| | | RTED for fever, chills, SOB, CP, HA. |
| | | arm numbness, coldness or paralysis |



0034-01-U FORM 1973-4040-0995 ITEM 05245

PHYSICIAN: MAKE SURE WHITE COPY
& NUMBER SHOW THROUGH HOLE
BEFORE WRITING DRUG ORDER.

M. G. [Signature]
7-8-02 1830



UPMC HEALTH SYSTEM

☒ PUH ☐ SSH
☐ MUH ☐ BDK
☐ WPC ☐ BVH
☐ OTHER _____

OCCUPATIONAL THERAPY ASSESSMENT

202 54 9085 PUH 60819 01
 IRWIN, CHRISTOPHER D
 DR. TOWNSEND, RICARD H GNS
 020185104 2188 07/07/02
 787 REGENT DRIVE
 WASHINGTON PA 15301 RUN H
 724 225 9144 03/27/73 29Y
 PRIVATE PAY

IRWIN, CHRISTOPHER
 202-54-9085

IMPRINT

Upper Extremity Function: Dominance: ☒ Right ☐ Left

Left: ☐ active ☐ active-assist ☐ passive
 Shoulder: ☐ WFL ☐ Limited ☒ N/A ☒ 1/5 MMT
 Elbow: ☒ WFL ☐ Limited ☐ N/A ☒ 1/5 MMT
 Wrist: ☒ WFL ☐ Limited ☐ N/A ☒ 1/5 MMT
 Digits: ☒ WFL ☐ Limited ☐ N/A ☒ 4/5 lbs grip
 Tone: ☒ normal ☐ increase ☐ decreased
 Coordination:
 Alternating Movement: ☒ intact ☐ impaired
 Serial opposition: ☒ intact ☐ impaired
 Gross Motor: ☐ intact ☒ impaired
 Sensation:
 Light Touch: ☐ intact ☐ impaired
 Sharp/Dull: ☐ intact ☐ impaired

Right: ☐ active ☐ active-assist ☐ passive
 Shoulder: ☐ WFL ☐ Limited ☒ N/A ☒ 1/5 MMT
 Elbow: ☒ WFL ☐ Limited ☐ N/A ☒ 1/5 MMT
 Wrist: ☒ WFL ☐ Limited ☐ N/A ☒ 1/5 MMT
 Digits: ☒ WFL ☐ Limited ☐ N/A ☒ 4/5 lbs grip
 Tone: ☒ normal ☐ increase ☐ decreased
 Coordination:
 Alternating Movement: ☒ intact ☐ impaired
 Serial opposition: ☒ intact ☐ impaired
 Gross Motor: ☐ intact ☒ impaired
 Sensation:
 Light Touch: ☐ intact ☐ impaired
 Sharp/Dull: ☐ intact ☐ impaired

Comments:

① shoulder flex ② 2 ↑ pain in ROM ? bc.

Splinting/Positions Needs:

☒ none indicated ☐ indicated, fitted with: _____

Comments:

ADL Status:

| FIM Level | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|---------------------|----------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| MDS Level | total depend | extensive | assist | limited assist | supervision | independent | | |
| Activity | Total Dependence | Max Assist | Mod Assist | Min Assist | Supervision Set-up | Modified Independence | Complete Independence | Not Applicable |
| Feeding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grooming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dressing-UE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Bathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfers-Sit/Stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfers-Bed/Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfers-Toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfers-Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bed mobility | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting balance | static <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | dynamic <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standing balance | static <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | dynamic <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



UPMC
 (See abbreviations on back)

OTR/L DATE 7-8-02

WHITE - MEDICAL RECORDS COPY CANARY - OT COPY
 0129-02-U FORM 1166-2960-0999B ITEM 05322



UPMC HEALTH SYSTEM

MEDICATION ADMINISTRATION RECORD

(Check Box to Identify Type of Sheet)



A SHEET:

ROUTINE: PO/IM/SQ/PR/NG/MEDS.
Including sliding scale, tapering PO meds

B SHEET:

ROUTINE: Intermittent IV/Epidural Meds



C SHEET:

STAT/ONE-TIME/PRIN IV/PO/IM/SQ/PR/NG MEDS

202 54 9085 FUR 60819 01

IRWIN, CHRISTOPHER D

DR. TOWNSEND, RICARD N GNS

020185104 2188 07/07/02

797 REGENT DRIVE

WASHINGTON PA 15301 RUN M

724 225 9144 03/27/73 29Y

PRIVATE PAY

IRWIN, CHRISTOPHER, RE

202-54-9085

ALLERGIES:

NKDA

| INITIALS | | SIGNATURE AND TITLE | | INITIALS | | SIGNATURE AND TITLE | | INITIALS | | SIGNATURE AND TITLE | |
|----------|------|----------------------------|-----------------------------------|------------|---------------|---------------------|---------------|---------------|---------------|---------------------|---------------|
| START | STOP | DRUG - DOSE | SCHEDULE | INIT | TIME | TIME | TIME | TIME | TIME | TIME | TIME |
| RENEW | STOP | ROUTE - FREQUENCY | 0000-0731-1531- 0730 1530 2359 | BY R.N. | SITE/INITIALS | SITE/INITIALS | SITE/INITIALS | SITE/INITIALS | SITE/INITIALS | SITE/INITIALS | SITE/INITIALS |
| | | CHECK ID BAND Q SHIFT | | | DATE: 7/7 | DATE: 7/8 | DATE: 7/9 | | | | |
| 7/8 | | PERCOCET T DO Q 4-6 PRN | | MF | | | | | | | |
| 7/8 | | PERCOCET T DO Q 4-6 PRN | | | | | | | | | |
| 7/7 | | MSO4 2mg IV Q 2-4 PRN | | MS | | | | | | | |
| 7/7 | | MSO4 1mg IV Q 4-6 PRN | | | | | | | | | |
| 7/7 | | MSO4 2mg IV Q 4-6 PRN | | | | | | | | | |
| | | MAR VERIFICATION | | | | | | | | | |



SITE CODES: (A) R - ARM (B) L - ARM (C) R - THIGH (D) L - THIGH (E) ABDOMEN
(F) R - UPPER QUADRANT (G) L - UPPER QUADRANT (H) R - LOWER QUADRANT
(I) L - LOWER QUADRANT (J) R - VENTRAL QUADRANT (K) L - VENTRAL QUADRANT

LEGEND CODES: MEDICATION NOT GIVEN (L) Blood Pressure (M) Patient absent from floor
(N) Nausea/Vomiting (O) Unable to take PO (P) See patient document record
(Q) See special care flow sheet (R) Patient refused (S) Medication non-formulary
(T) Heart rate (U) On dialysis (V) Infiltrate (X) Tubing changed

3266-01-U FORM 4162-0000-1099 ITEM 55008

7/8/02: DIC CLS prec.



UPMC HEALTH SYSTEM

NKDA

Meds rev.

Adv. Dir: NO

☒ PUH ☐ MUH ☐ OTHER:

PHYSICAL THERAPY PRE OR POST-OP GAIT ASSESSMENT

☒ Inpatient ☐ Outpatient ☐ Other:

Dx/PMH/Other: 29 y/o M adm 7/7/02 P MVC @ ETDH/cocaine unrestrained driver. (fatality in accident).

202 54 9085 PUH 00819 01
15 W. N. CHRISTOPHER D
DR. TOWNSEND, RICARD N GNS
020185104 2188 07/07/02
787 REGENT DRIVE
WASHINGTON PA 15301 RUN H
724 225 9144 03/27/73 29Y
PRIVATE PAY

IMPRINT PATIENT IDENTIFICATION HERE

Physician Orders: PT 7/8/02

Referring Physician: illeg. atm: Townsend

SUBJECTIVE Home Situation: 2 family, mom @ 5hrs/day 7 days/wk. (E) PTA. mobile home 35FE 3 mi

Prior use of crutches: ☐ Yes ☐ No N/A @

C/O's pain: ☒ Yes ☐ No Location: (B) shoulders & chest

MENTAL STATUS

INSPECTION

PREZ 2 shoulder fx (P) -> phone MD to check 2nd pain
soft tissue vs. fx. (B) shoulders, 1st ARM.

PMH: GSW to abdomen s/p laparotomy

☒ alert oriented to: ☒ person ☒ place ☒ time ☒ cooperative

Vitals: HR 78 BP 148/90 RR 14 SpO2 94

aware of dx: ☒ Yes ☐ No ☐ N/A

sensation: NO gross deficits to note to lt. touch to r4ext.

aware of prognosis: ☒ Yes ☐ No ☐ N/A

ROM: Poor UE's, WFL (B) LE

able to follow 1 step commands: ☒ Yes ☐ No ☐ N/A

INSPECT: unremarkable - facial laceration.

RANGE OF MOTION

Uninvolved Extremities: (B) UE WFL ROM AROM 110 & exception to BIL UE @ shoulders. minimal AROM @ pain @ worse than @
Involved Extremities: N/A 110 (B) LE & AROM.

STRENGTH

Uninvolved Extremities: grossly > 3/5 110 x4ext & exception to (B) shoulder mm. groups ~ 2-3/5
Involved Extremities:

FUNCTIONAL

Transfers bed mob: Min @ Sup -> sit: mod @
-Sit to stand I SUP CS (MIN) MOD MAX N/A N/A
-Wheelchair to mat I SUP CS (MIN) MOD MAX N/A N/A
-Wheelchair to bed I SUP CS (MIN) MOD MAX N/A N/A

Comments (Gait Deviations): Rigid gait. Slightly unsteady.
↓ step length, velocity, BOS. Fair @ gait sequencing.
@ UE swing. Arms guarded 2- shoulders chest pain.

Ambulation
-Level I SUP CS (MIN) MOD MAX N/A N/A
-Stairs I SUP CS (MIN) MOD MAX N/A N/A
-Ramps I SUP CS (MIN) MOD MAX N/A N/A

Patient given crutches: ☐ Yes ☒ No

Patient given home instructions: ☐ Yes ☒ No

Ass't. Device: @ UE guarded & close Distance: 120'

Education: PT Role, POC, DIC Rec, Safety

WB Status: FWB (B) LE NWB TDWB PWB WBAT

Rehab Pot: Good

Other: PT Problems: & transfers, & gait, 1 pain, & UE fm/mobility

DIC Rec: Short acute rehab str.

ASSESSMENT: PROBLEMS AND GOALS AND PLAN OF CARE

☐ Goal of independent gait training achieved, PT d/c'd

☒ Comments: PT to be seen @ 5x/wk 1 max @ for DIC to home & short rehab str. STBs (wk) @ (S) & bed mob.
@ Min @ & sup -> sit @ (S) & sit -> stand. @ Dumb > 200' S @ (S) ↑ Shoulder AROM (B) to WFL. (C) ↓ pain 40
by 507. LTDS: PLU/E @

pt goal: "I can't go home. I want to stay 1 more day!"



Physical Therapist Signature: [Signature]

Title: PT

Date: 7/8/02

Time: 6:00

Page no: 6472

PHYSICAL THERAPY PRE OR POST-OP GAIT ASSESSMENT

(See abbreviations on back)

0275-01-U FORM 1188-3440-0298 ITEM 55037



- ☒ PUH ☐ SSH
- ☐ MUH ☐ BDK
- ☐ WPIC ☐ BVH
- ☐ OTHER

OCCUPATIONAL THERAPY ASSESSMENT

NOT indicated: ON x per day, LOS days/week

- ☐ No further OT services indicated
- ☒ Rehab Potential: ☐ excellent ☒ good ☐ fair ☐ poor

202 54 9085 PUH G0819 01
IRWIN, CHRISTOPHER D
DR. TOWNSEND, RICARD M GNS
020185104 2188 07/07/02
787 REGENT DRIVE
WASHINGTON PA 15301 RUN M
724 225 9144 03/27/73 29Y
PRIVATE PAY

IRWIN, CHRISTOPHER
202-54-9085

Treatment:

- ☒ Independent Living/Daily Living Skills
- ☐ Fine Motor Coordination
- ☐ Orthotics/Splinting
- ☒ Patient/Family Education
- ☐ Muscle Re-education
- ☐ Neuro-Developmental Treatment
- ☒ Adaptive Equipment
- ☐ Cognitive Re-education
- ☐ Perceptual/motor Training
- ☐ Sensory Treatment
- ☐ Environmental Modifications
- ☐ Other

Long Term Goals:

- by DL
- ☒ Improve level of function for following ADL:
 - ☒ Feeding 3
 - ☐ UE Dressing 1
 - ☐ Toileting 1
 - ☐ Sit to Stand Transfer 1
 - ☐ Toilet Transfers 1
 - ☐ Grooming 1
 - ☐ LE Dressing 1
 - ☐ Bathing 1
 - ☐ Bed/Chair Transfer 1
 - ☐ Tub Transfers 1
- ☐ Improve Safety Awareness
- ☐ Independence with home program
- ☐ Improve level of function for following ADL:
 - ☐ Simple Meal Preparation Tasks
 - ☐ Cleaning/Home Management
 - ☒ Improve UE function: 100 % ☐ PROM ☐ AAROM ☒ LAROM 1 /5 Strength
 - ☐ Provide adaptive equipment
 - ☐ Recommend use of: ☐ Tub seat/bench ☐ Grab bars ☐ Bedside commode ☐ Elevated toilet seat
 - ☒ Other Activity level

Comments:

Ref. DL home if shoulder pain (-).
May require rehab pending further X-ray results.

Short Term Goals:

- by DL pt. will: DL
- | | | | | | | | |
|--------------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------------|--------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Demonstrate | <input type="checkbox"/> Max | <input type="checkbox"/> Mod | <input type="checkbox"/> Min | <input type="checkbox"/> Supervision | <input type="checkbox"/> Mod I | <input type="checkbox"/> Independent | Balance Bed Mobility Feeding Grooming Bathing Dressing Toileting Sit/Stand Transfer Bed/Chair Transfer Toilet Transfer Tub Transfer |
| <input type="checkbox"/> Demonstrate | <input type="checkbox"/> Max | <input type="checkbox"/> Mod | <input type="checkbox"/> Min | <input type="checkbox"/> Supervision | <input type="checkbox"/> Mod I | <input type="checkbox"/> Independent | |
| <input type="checkbox"/> Demonstrate | <input type="checkbox"/> Max | <input type="checkbox"/> Mod | <input type="checkbox"/> Min | <input type="checkbox"/> Supervision | <input type="checkbox"/> Mod I | <input type="checkbox"/> Independent | |
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- ☐ Demonstrate awareness of _____ through pt/family education
- ☐ Tolerate ☐ 10 minutes ☐ 15 minutes ☐ 20 minutes ☐ 30 minutes of therapeutic activity with _____ rest periods.
- ☐ Tolerate splint wear without adverse reaction per posted directions.
- ☐ _____
- ☐ _____

- ☒ Patient ☐ Family were involved in the planning/goal process (☒ Yes ☐ No

Comments:



W. Foster OTR/L DATE 7-8-02
(See abbreviations on back) WHITE - MEDICAL RECORDS COPY CANARY - OT COPY
0023-01-U FORM 2275-2960-0999 ITEM 05324